LIMI	TED CTATES D		
OM:		STRICT COURT	the state of the state of
0.1	District o	f	
Bleau	š	• .	
V.		_	CIVIL ACTION
Greater Lyn	n Mental	04 10	469 JM
Health and K		SE NUMBER:	
Associat	•		
	,		
TO: (Name and address of Defen	lant)		
orealer on t	Zynn Mento	Il Health an	d Retardation
Box 3		ssociation, 2	Inc.
/ Vnn	MA 019		
YOU ARE HEREBY SUMMON	ED and required to some	0°3	
AI	bert w. B	on PLAINTIFF'S ATTOR	NEY (name and address)
50	5 Paradis	e Rd #208	
		MA 01909	7
	•		,
an answer to the complaint which is served of this summons on you, exclusive of the da	on you with this summo	ns, within $\mathbb{Q} \bigcirc$	dayooftaa
for the relief demanded in the	y of service. If you fail to	do so, judgment by defau	lt will be taken against you
Clerk of this Court within a reasonable per	Testing ofter service.	the parties to this ac	non must be filed with the
	19 P		
TONY ANASTAS		MAR 8 2004	

◆AO 440 (Rev. 8/01) Summons in a Civil Action RETURN OF SERVICE Service of the Summons and complaint was made by $me^{(1)}$ DATE 8,2004 TITLE indicate appropriate method of service \square Served personally upon the defendant. Place where served: ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and Name of person with whom the summons and complaint were left: ☐ Returned unexecuted: Fother (specify): Certified Priority mail STATEMENT OF SERVICE FEES TRAVEL SERVICES TOTAL \$0.00 DECLARATION OF SERVER I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

⁽¹⁾ As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.